

## Iowa Department of Public Health Tuberculosis Control Program

## Patient Information Sheet for Treatment of Latent Tuberculosis Infection (LTBI)

Report all Suspected/Confirmed cases of TB Disease by phone: Nurse Consultant 515/281-8636 or Program Manager 515/281-7504

Patient Information								
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Name (Last, First, Middle):					Gender:	Male Fem	nale	
Street Address:				City:	Zip:			
County of Residence:				Date of Birt	f Birth (M/D/Y):			
Phone (home or cell):								
Diagnostic Information								
Mantoux Skin Test Date: Resu			ults in mm (do not include erythema):					
IGRA (Circle one: QFT-GIT, T-SPOT) Test Date:			Results: Positive Negative Other					
Chest X-ray Date <sup>i</sup> :	Results:	Results: Normal		] Abnormal	Diagnosis: LTBI: Yes No			
Has Pulmonary TB disease been ruled out: ☐ Yes ☐ No			Has Extrapulmonary TB disease been ruled out: Yes No					
Prescription Information								
INH 300 mg per day for:  6 months  9 months (preferred regimen)  Other:								
Pyridoxine (vitamin B6) ii 25 mg per day for:								
Clinician Signature <sup>iii</sup> :								
Clinician Contact Information								
Clinician's Name:			Clinic Name:					
Street Address:			City:			State: Iowa	Zip:	
Phone Number:			Fax Number:					
Send Medication to:								
Person Making Referral:								
Checklist:								
Completed Patient Information Sheet for LTBI								
Radiology report of Chest x-ray								
Clinician signature (if this form is not signed by the clinician, a separate prescription is required)								
Fax this form, x-ray report*, and prescriptions to 515/281-4570								

<sup>&</sup>lt;sup>i</sup> Chest x-ray must be dated within <u>3 months</u> of medication order if any risk factors are present, 6 months if no risk factors are present. Radiology interpretation must be included with medication request.

ii Vitamin B6 is available for medical conditions in which neuropathy is common: diabetes, uremia, alcoholism, malnutrition, HIV infection, and pregnancy.

iii If this form is not signed by the clinician, a separate prescription is required.